

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 599/84

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2	1					
3		2				
4	1		1			
5		1				
6		2				
7		2				
8		2				
9		2				
10		2				
11		2				
12		2				
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18		2				
19		2				
20		2				
21		2				
22		2				
23	1		1			
24		1				
25		1				
26		1				
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45		1				
46		1				
47		1				
48		1				
49		1				
50		1				
TOTAL IND.	3		2			
TOTAL DEP.	44		18			
TOTAL CLAIMS	47		20			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						